



HAWAII STATE ETHICS COMMISSION
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P.O. BOX 616, HONOLULU, HAWAII 96809
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THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Nakasone	Kenneth	Michael	808-539-8700
MAILING ADDRESS (Street)			FAX
999 Bishop Street, Suite 2600			808-539-8799
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Kobayashi, Sugita & Goda			808-539-8700
MAILING ADDRESS (Street)			FAX
999 Bishop Street, Suite 2600			808-539-8799
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Home & Community Services of Hawaii, Inc.		808-454-0511
MAILING ADDRESS (Street)		FAX
2827 Waimano Home Road, First Floor		808-454-0512
(City)	(State)	(Zip Code)
Pearl City	Hawaii	96782
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Maria Etrata		808-454-0511
MAILING ADDRESS (Street)		FAX
2827 Waimano Home Road, First Floor		808-454-0512
(City)	(State)	(Zip Code)
Pearl City	Hawaii	96782

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|-------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

(Signature of Lobbyist)

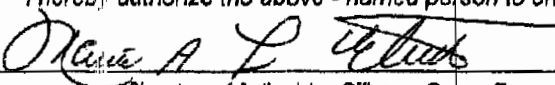
(Date)

PART V AUTHORIZATION TO LOBBY

NAME Maria Etrata		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Secretary, Treasurer, and Director	
NAME OF ORGANIZATION (if applicable) Home & Community Services of Hawaii, Inc.		TELEPHONE 808-454-0511	
MAILING ADDRESS (Street) 2827 Waimano Home Road, First Floor		FAX 808-454-0512	
(City) Pearl City	(State) Hawaii	(Zip Code) 96782	
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>			
(Signature of Authorizing Officer or Person Represented)		(Date)	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
<i>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
_____ (Signature of Lobbyist)	_____ (Date)

PART V AUTHORIZATION TO LOBBY		
NAME Maria Estrada		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Secretary, Treasurer, and Director
NAME OF ORGANIZATION (if applicable) Home & Community Services of Hawaii, Inc.		TELEPHONE 808-454-0511
MAILING ADDRESS (Street) 2827 Waimano Home Road, First Floor		FAX 808-454-0512
(City) Pearl City	(State) Hawaii	(Zip Code) 96782
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
 (Signature of Authorizing Officer or Person Represented)		<u>4/30/2006</u> (Date)